U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8125	2. Fiscal Year Covered From:
1. File Number U - 8123	, , , , , , , , , , , , , , , , , , ,
A A SOLITITY	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Lawrence J McManamon	Name International Brotherhood Of Boilermakers
	Labor Organization File Number 000-074
P.O. Box, Bldg., Room No., if any Suite 210	P.O. Box, Building and Room Number, if any Suite 570
Street 18500 Lake Road	Street 753 State Ave.
City Rocky River	City Kansas City
State Ohio ZIP Code + 4 44116	State Kansas ZIP Code + 4 66101
5. Position in labor organization.	
1 HINE PARTY TO 1	
(except as specified in the	r spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):  n, or derived income or other economic benefit of ization represents or is actively seeking to represent.
(except as specified in the each of the control of	exclusions set forth in the instructions):  n, or derived income or other economic benefit of
(except as specified in the each of the control of	exclusions set forth in the instructions):  n, or derived income or other economic benefit of ization represents or is actively seeking to represent.
(except as specified in the each of the contract of the contra	exclusions set forth in the instructions):  n, or derived income or other economic benefit of ization represents or is actively seeking to represent.
(except as specified in the case).  A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organics. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	exclusions set forth in the instructions):  n, or derived income or other economic benefit of ization represents or is actively seeking to represent.
(except as specified in the each of the control of	exclusions set forth in the instructions):  n, or derived income or other economic benefit of ization represents or is actively seeking to represent.
(except as specified in the case)  A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organics. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	exclusions set forth in the instructions):  n, or derived income or other economic benefit of ization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
(except as specified in the case)  A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organics. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	exclusions set forth in the instructions):  n, or derived income or other economic benefit of ization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
(except as specified in the of A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organics. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	exclusions set forth in the instructions):  n, or derived income or other economic benefit of ization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
(except as specified in the of A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organics. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	exclusions set forth in the instructions):  n, or derived income or other economic benefit of ization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
(except as specified in the of A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organics. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	exclusions set forth in the instructions):  n, or derived income or other economic benefit of ization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Signature  Ity of Perjury and other applicable penalties of the law, that all of the information ppanying documents), has been examined by the signatory and is, to the best of the
(except as specified in the of A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organics. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  15. Signature and verification. The undersigned declares, under penalts submitted in this report (including the information contained in any accommendation).	exclusions set forth in the instructions):  n, or derived income or other economic benefit of ization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Signature  Ity of Perjury and other applicable penalties of the law, that all of the information ppanying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Lawrence McManamon		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Mobilization Optimization Stabilization  Trade Name, if any: MOST  P.O. Box, Bldg., Room No., if any Suite 800  Street 753 State Ave.  City Kansas City  State Kansas	9. Business deals with:	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar valu  12.a. Nature of interest held  Labor/Manag dinner to of safety tra: our members	ty training and drug testing or organization.	
	12.b. Amount.	Supplied to the supplied of th	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14,b. Amount of payment.	And the state of t	

Name of Person Filing Lawrence McManamon	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incodealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Mobilization Optimization Stabilization  Trade Name, if any: MOST  P.O. Box, Bldg., Room No., if any Suite 800  Street 753 State Ave.  City Kansas City  State Kansas	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  MOST provides safety training and drug testing service to the Labor organization.  11.b. Approximate dollar value of such dealing\$13,000,000  12.a. Nature of interest held or income received.  Labor/Management meeting with dinner to discuss the additional safety training requirements for our members to increase their employment in the Great Lakes area.
	12.b. Amount. \$75
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State   ZIP Code + 4	14.a. Nature of payment.  14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	

Name of Person Filing Lawrence McManamon		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or income dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	S .	
8. Name and address of Business (including trade name, if any).  Name Mobilization Optimization Stabilization  Trade Name, if any: MOST  P.O. Box, Bldg., Room No., if any Suite 800  Street 753 State Ave.  City Kansas City  State Kansas ZIP Code + 4 66101	9. Business deals with:  A. Labor Organizat  b. Trust  c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing MOST provides safet service to the Laborate	ty training and	drug testing
Street City ZIP Code + 4	dinner to d safety train	or income received.  gement meeti  discuss the  ining requir  to increas	additional ements for
	12.b. Amount.	( Mayariya, Amayer Hillian ord Prince Prince   Dr. Andrew Charles   Mayariya Amayer Amayer   Amayer Amayer   Amayer Amayer   Amayer Amayer   Amayer Amayer   Amayer Amayer   A	And the manufacture of the second of the sec
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ; ZiP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		Parities (\$35) GREENWARD RANGESTER (\$250) AND MINISTER (\$30) AND THE COLUMN \$30 AND THE C

Name of Person Filing Lawrence McManamon		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines ively seeking to represent, or directly to, or otherwise	s ·	
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Mobilization Optimization Stabilization  Trade Name, if any: MOST  P.O. Box, Bldg., Room No., if any Suite 800  Street 753 State Ave.  City Kansas City  State Kansas ZIP Code + 4 66101	a. Labor Organiza b. Trust c. Employer	tion	
	11.a. Nature of such deali	na.	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	MOST provides safe service to the Lab	ty training and or organization.	
Street	11.b. Approximate dollar valu	o of such dealing	
City	12.a. Nature of interest held		<u>L\$13,000,000</u>
State ZIP Code + 4	Labor/Manaddinner to dinner to dinne	gement meeti discuss the ining requir s to increas	additional cements for
	12.b. Amount.	(Additional of the Control of the Co	\$.5.4
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	or Biolegic (sources as "published from a 374" not Bet 1 1765; [**] [376ma Medicard Bet Bri	eneceronominant Emphisiocolomomia soministry committee, also climar enits sub-til si i servici e i
Name			
Trade Name, if any:	*** **********************************		
P.O. Box, Bldg., Room No., if any  Street  City  State   ZIP Code + 4		No. resolvements proof of september 1900 in 1900 in 1900 in 1900 in 1800 in 1800 in 1800 in 1800 in 1800 in 18	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		pulser as a proofic contributed to the first of the form of the first

Name of Person Filing Lawrence McManamon		File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or othe of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Mobilization Optimization Stabilization  Trade Name, if any: MOST  P.O. Box, Bldg., Room No., if any Suite 800  Street 753 State Ave.  City Kansas City  State Kansas ZIP Code + 4 66101	9. Business deals with:  a. Labor Organizati  b. Trust  c. Employer	ion
10. If 9.b, or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealin MOST provides safet service to the Labo	y training and drug testing
Street City State ZIP Code + 4	employer to d	orincome received.  Trustee Meetings/multi- dicuss and review all ar safety training. t for aifare, hotel
	12.b. Amount.	\$1,512.00
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.	All the second and th
Name		con on the control of
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any  Street  City  State   ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	Parket Annual Program Land State Control of the Con

Name of Person Filing Lawrence McManamon	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Mobilization Optimization Stabilization  Trade Name, if any: MOST  P.O. Box, Bldg., Room No., if any Suite 800  Street 753 State Ave.  City Kansas City  State Kansas ZIP Code + 4 66101	9. Business deals with:  X a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  MOST provides safety training and drug testing service to the Labor organization.	N
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  MOST semi-annual Committe Meetings.  MOST Board of Trustees and MOST Owner  Advisory Committee meet to discuss  all aspects of safety traing, drug  testing and manpower. Reimbursement for airfare, hotel and expense for 5	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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8. Name and address of Business (including trade name, if any).  Name Mobilization Optimization Stabilization  Trade Name, if any: MOST  P.O. Box, Bldg., Room No., if any Suite 800  Street 753 State Ave.  City Kansas City  State Kansas ZIP Code + 4 66101	9. Business deals with:  X a. Labor Organiza b. Trust c. Employer	ation	
40 KO k O - to the short drive to a small read a same	11.a. Nature of such deali	ina.	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	MOST provides safe service to the Lab	ty training and	drug testing
Street	The second section of the second section is the second section of the second second second second section is the second s	epagangan began ayan kan ana ara ara ang ayan ayan kan akan akan dag arap ag sa ayak	e garante en la companya de la comp Se de la companya de
City	11.b. Approximate dollar valu	re of such dealing.	\$13,000,000
State ZIP Code + 4	to discuss training, d	ees and cont all aspects drug testing ent for airf	ractor meeting of safety and manpower. are, hotel and
	12.b. Amount.	ent de 200 Mb 20 outre discussibilité dan 2011 en réposent 2011 des l'arrivé	#4 700
	, E. D. 7 HII WIII.		\$1,280
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	m rather and construction processors, core extra processors by	r ndywr yr a y codding o glyfy gwr cymn y fellion y fan cr fan y crnisgr
Name			
Trade Name, if any:			· · · · · · · · · · · · · · · · · · ·
P.O. Box, Bldg., Room No., if any			:
Street			
City .  State ZIP Code + 4			: -
2006 · 7	: }		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

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B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Boilermaker Vacation Trust	frield may
Trade Name, if any:	a. Labor Organization  X b. Trust
P.O. Box, Bldg., Room No., if any P.O. Box 20757	c. Employer
Street 20910 Redwood Road, Suites E & F	The state of the s
City Castro Valley	
State California ZIP Code + 4 94546	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Boilermaker Vacation Trust administers the vacation contribution for each Boilermaker and prepares the payouts each year.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$0
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Trustee meeting regarding issues dealing with the Boilermakers Vacation Trust. Reimbursement of expenses of airfare and expenses for three days
	12.b. Amount. \$917
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City :	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Lawrence McManamon	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or idealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Boilermaker Vacation Trust	signature of the state of the s
Trade Name, if any:	a. Labor Organization  X b. Trust
P.O. Box, Bldg., Room No., if any P.O. Box 20757	c. Employer
Street 20910 Redwood Road, Suites E & F	1 C. Linployer
City Castro Valley	
State California ZIP Code + 4 94546	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Boilermaker Vacation Trust administers the vacation contribution for each Boilermaker and prepares the payouts each year.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$0
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Trustee meeting regarding theissues realting to the Boilermaker Vacation Trust. Reimbursement for expenses of airfare and expenses for 5days.
	12.b. Amount. \$864
C. Received from any employer (other than an employer covered und	
or from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
ZIF Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Lawrence McManamon	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Boilermaker Vacation Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 20757  Street 20910 Redwood Road, Suites E & F  City Castro Valley  State California ZIP Code + 4 94546	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Boilermaker Vacation Trust administers the vacation contribution for each Boilermaker and prepares the payouts each year.
Street	11.b. Approximate dollar value of such dealing. \$0
City State ZIP Code + 4	12.a Nature of interest held or income received.  Trustee meeting relating to the issues regarding the Boilermaker Vacation Trust. Reimbursement of expenses for airfare and expenses for 6 days.
	12.b. Amount. \$8.3.2
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.  14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	

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B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or othen of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business /ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Great Lakes Apprenticeship Program  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 5666 West 95th Street  City Oak Lawn  State Illinois ZIP Code + 4 60453	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Provides craft/trade training to our members in the Great Lakes Area.
Street  City  State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$1,800,000  12.a. Nature of interest held or income received.  Great Lakes Adminsitrative Board Meeitng. Review training scedules, terminations/appeals and other administrative issues. Reimbursement for airfare, hotel and expenses for four days.
	12.b. Amount. \$230
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	

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8. Name and address of Business (including trade name, if any).  Name Great Lakes Apprenticeship Program  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 5666 West 95th Street  City Oak Lawn	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer
State Illinois ZIP Code + 4 60453	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Provides craft/trade training to our members in the Great Lakes Area.
Street  City  State ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Boilermakers national Apprenticeship Conference. Meeting regarding issues concerning the National Apprentice Program as well as issues regarding the Great lakes Appreticeship Program. Reimbursement for airfare, hotel and expenses for five days.
	12.b. Amount. \$406
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Lawrence McManamon		File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	5
8. Name and address of Business (including trade name, if any).  Name Great Lakes Apprenticeship Program  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 5666 West 95th Street  City Oak Lawn  State Illinois ZIP Code + 4 60453	9. Business deals with:  a. Labor Organiza b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any		ade training to our members in the
Street  City  State  ZIP Code + 4	training scedules,	d or income received.  itrative Board Meeitng. Review terminations/appeals and other ues. Reimbursement for airfare,
	12.b. Amount.	\$139
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		Man A artistica in the control of th
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Lawrence McManamon	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Great Lakes Apprenticeship Program  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 5666 West 95th Street  City Oak Lawn  State Illinois ZIP Code + 4 60453	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Provides craft/trade training to our members in the Great Lakes Area.
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$1,800,000\$  12.a. Nature of interest held or income received.  Great Lakes Adminsitrative Board Meeitng. Review training scedules, terminations/appeals and other administrative issues. Reimbursement for airfare, hotel and expenses for two days.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Lawrence McManamon		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Great Lakes Apprenticeship Program  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 5666 West 95th Street  City Oak Lawn  State Illinois ZIP Code + 4 60453	9. Business deals with:  A. Labor Organiza  b. Trust  c. Employer	tion		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held Great Lakes Adminitraining schedules administrative iss	ade training to our members in the e of such dealing.  d or income received.  strative Board Meeting. Review, terminations/appeals and other ues regarding the Great lakes ram. Reimbursement for airfare,		
	12.b. Amount.	\$223		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Lawrence McManamon	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Great Lakes Apprenticeship Program	9. Business deals with:
P.O. Box, Bldg., Room No., if any	a. Labor Organization b. Trust
Street 5666 West 95th Street	c. Employer
City Oak Lawn  State Illinois ZIP Code + 4 60453	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Provides craft/trade training to our members in the Great Lakes Area.
Street	11.b. Approximate dollar value of such dealing. \$1,800,000
City State ZIP Code + 4	12.a. Nature of interest held or income received.  Great Lakes Adminsitrative Board Meeting in conjunction with National Apprenticeship joint board meetings. Review training scedules, terminations/appeals and other administrative issues.  Reimbursement for airfare, hotel and expenses for five days.
	12.b. Amount. \$4422
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.